DOCUMENT RESUME

ED 293 342 FL 017 318

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TITLE Teaching French as a Second Language for the Health Professions: Description of the Design Process.
PUB DATE May 87
NOTE 26p.; In: Languages and Communication for World Business and the Professions. Conference Proceedings; see FL 017 281.
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Allied Health Occupations Education; Behavioral Objectives; Course Content; *Curriculum Design; Educational Needs; Education Work Relationship; Foreign Countries; *French; Hospitals; *Languages for Special Purposes; Needs Assessment; *Nursing; Second Language Instruction
IDENTIFIERS Canada; *Childrens Hospital of Eastern Ontario

ABSTRACT

The Children's Hospital of Eastern Ontario, whose stated objective is to provide bilingual French-English services, has established a training program in French as a second language for health care professionals. The program was designed to provide health care providers with a minimum level of communicative competence in specific job-related language skills in the shortest possible time through careful curriculum design. The stages of curriculum development included a language needs assessment, formulation and selection of objectives, selection and organization of content, selection and organization of learning activities, and evaluation of both student performance and course quality. Experience with the language program for nurses, originally designed as a 60-hour introductory course, has shown that it is well enough received to be extended to an additional 60 hours of more advanced training. The fundamental design process for the course is the same for any language, while the formulation and selection of specific objectives and the selection and organization of content and learning activities varies with the profession for which the curriculum is designed. The program has been bought by another hospital, and the Ontario Ministry of Health has awarded the originating hospital a contract for teaching it in other Ontario hospitals. (MSE)

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ED293342

TEACHING FRENCH AS A SECOND LANGUAGE FOR THE HEALTH PROFESSIONS: DESCRIPTION OF THE DESIGN PROCESS

Presentation by Rose Méry-Gorrie

at the Sixth Annual Conference

on Languages and Communication for

World Business and the Professions

May 8, 1987

Ann Arbor, Michigan

FL017318

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INTRODUCTION

Before focusing on curriculum design, I would first like to present the historical setting in which we operate. At the Children's Hospital of Eastern Ontario, we are especially interested in the health professions and the various stages which serve as a basis for the development of functional French-as-a-second-language training programs.

HISTORICAL BACKGROUND

This hospital is situated in Ottawa, Canada's National Capital. In the heart of an officially bilingual country, with the Province of Quebec just across the Ottawa river, this Hospital has to serve eastern Ontario and western Quebec as it is the only center to offer primary, secondary and tertiary care for children. As such, it has to be able to provide services in the country's two official languages: English and French. We must keep in mind here the Hospital's catchment area and the linguistic mix of the surrounding population: Quebec, predominantly French; the Capital with 36% French-speaking inhabitants.

The Children's Hospital opened its doors in 1974. Its avowed aim was to provide bilingual services to the user population. It was then and still is especially difficult to find bilingual health care professionals. It was therefore necessary to offer French as a second language training programs to the Hospital's staff to bridge this gap. Courses were first provided by the Public Service Commission, then by a local College; but the specific language needs of the staff were not adequately met as hardly any job-related matter was taught. So, in 1982, I was hired to develop occupationally-related language training programs that would meet the needs of physicians, nurses, medical secretaries and allied health staff.

Quebec had previously experienced a need for functional language teaching after going through a major linguistic change as of 1976 and was using specific French-as-a-second-language programs for the health care professions. These, however, were only available at the intermediate level. Participants had to have about 400 hours of French before they undertook such an endeavour. The Children's Hospital's Senior Administration did not think it had the time or the need to wait for its staff to reach such a proficiency before attempting to become functionally bilingual. The result was to have functional programs for beginners and false beginners developed in order to enable staff to communicate efficiently with both patients and public at large as quickly as possible.

CURRICULUM DESIGN PROCESS

Our approach is based on the following assertions:

1. The teaching of French as a second language to health care professionals should be work-related (i.e. functional in our terms).

2. A "functional" program must include a specific content adapted to the professional's second language needs.

3. One can select and organize content so as to enable the French-as-a-second-language training participant to reach, in the shortest possible time, a minimal communicative competence. It is therefore possible to offer specialized courses to real beginners.

Even in the 1980's, the fundamental principles of curriculum design found in R. Tyler's "Basic Principles of Curriculum and Instruction" (1949), H. Taba's "Curriculum Development -- Theory and Practice" (1962), and M. Knowle's

"Modern Practice of Adult Education" (1970) for the adult education component are still valid. These steps are: needs analysis, formulation of objectives, selection of objectives, selection of content, organization of content, selection of learning activities, organization of learning activities and evaluation.

I will now walk you through these developmental stages, but will only consider the nursing program because of time constraints.

1. Needs Analysis

Needs analysis was a favorite topic of the 1970's. In "Identifying Language Needs in a Systems Approach to the Learning of a Modern Language", R. Richterich and J.L. Chancerel wrote: "The learner occupies the central position ... Everything starts from him and everything goes back to him. It is not merely in relation to him, but with him, and depending on his resources that his learning objectives will be defined, that the methods of judging when and how they have been attained will be selected, and that a curriculum of learning will be made available to him". In 1980, Richterich was saying: "One of the characteristics of the adult learner is his desire to learn rapidly something he can use immediately". So, to provide a pertinent work-related program, one has to know what the participants' actual linguistic needs are. First, we tried to answer the following questions: 1. What will be the status and characteristics of the learner as a second language user? 2. With what kind of people will he/she be communicating (status and characteristics)? 3. Which speech acts will he/she have to use and react to? 4. In which situations will he/she have to do so? 5. What will the exchanges be about?

I visited every nursing unit and spent some time observing what was being done and listening to what was being said. This yielded some recurring language situations the inclusion of which was thought to be mandatory in the forthcoming program. Then a language needs analysis questionnaire was developed and distributed to former and prospective program participants before becoming an integral component of the program itself. (Distribution of questionnaire - Appendix 1)

You will notice that, after the general information section, the linguistic background and linguistic self-evaluation sections provide us with an idea of the participant's language background before going on into the specifics of their linguistic work situation and goals. In the developmental stage, we were particularly interested in the linguistic goals section. The compilation of results added to our own on-site observations, enabled us to state terminal and intermediate objectives and then select these on the basis of two sixty-hour sessions.

2. Formulation and Selection of Objectives

In his book entitled: "Preparing Instructional Objectives" (1962), Mager, distinguishes what the learner should be able to do at the end of the course or program; to which extent and in which circumstances he should be able to do so.

We needed to establish general and specific objectives to the 60-hour programs. We then decided to adopt the following overall objectives for the real beginner nursing program. In aural comprehension, we decided that at the end of a 60-hour course, the learner should be able to understand a series of simple sentences spoken at slower than normal speed and common basic professional lexis. Rapid delivery or

background noise would hinder comprehension of some elements. Telephone conversations would be a problem. Vocabulary would be limited to words and idioms in daily general use with standard pronunciation.

In oral expression, the learner was to be able to speak in a series of simple to complex sentences. We expected his/her accent to be marked, his/her vocabulary limited to lexis commonly used in his/her own field. Delivery was to be slower than normal and interference from the mother tongue was to remain predominant. You may have recognized that these objectives were adapted from the Foreign Service Institute second language proficiency levels. We therefore expected our participants to be able to minimally communicate orally with the patient and his/her family. Because the Hospital's working language is English, we have not deemed it necessary to emphasize written expression and comprehension skills. We were supported in this decision by the results of our first questionnaire enquiry. We therefore concentrated on vocabulary, aural comprehension, grammar and fluency.

As far as specific intermediate objectives are concerned, our units enable the nurses to: identify themselves (they should be able to introduce themselves, ask a patient or parent's identity, introduce a third person), welcome a patient into a ward, take a patient's family history, inquire on the patient's condition, explain common tests and procedures, give basic commands to a patient, give information on the condition of a patient, explain discharge procedures. We follow, in this respect, Jupp and Hodlin's footsteps who recommend the establishment of realistic objectives which coincide with the industry's and employees' needs.

3. Selection and Organization of Content

The content selection phase follows the selection of objectives. Course content is based on the working situations learners have to face daily. Making sure that content meets language needs guarantees participants' satisfaction. We did not find any profound theoretical pronouncement in second language teaching literature. As a matter of fact, we decided on content selection and organization on the basis of the needs analysis questionnaire aforementioned.

Content selection for us always includes an introduction to French pronunciation. We consider it necessary to teach people how to recognize the French sounds both isolated and in a linguistic context. Then we have to decide on the pertinent lexis and grammar items needed to achieve our objectives.

Lexis-wise, we present the vocabulary of the body parts, the patient's surroundings (bedroom, bathroom, personal things and accessories), the name of tests, frequently used medical instruments. The participant learns to recognize high-frequency colloquialisms but is only taught one standard acception of a given term or idiom. We are not referring here to some sort of technical jargon. We are only concerned with the vocabulary used between the nurse and the patient. It cannot be highly specialized as the nurse has to be sure the patient understands what is being explained to him/her. On the other hand, the patient himself only describes his health problems in lay terminology and common phrases which the health professional must understand.

As for grammar, we select the items needed to carry out the previously identified language functions. Thus, the interrogative form will be introduced earlier than in most

programs, so will the past and future tenses as one is needed to take the patient's family history, the other to explain what will happen to the patient during his hospital stay. It is then obvious that we do not follow a linear progression. Ours is a cyclical process whereby we introduce the useful items for a particular situation without insisting on all the rules of use and structural occurrences. The participant acquires a certain feel for use of that specific item, sees it again in another unit and studies it more in-depth later on in the program. The order of presentation varies according to the health care profession concerned. One has therefore to be highly flexible. We aim at an approach where structural phase, communicative phase and specialized phase are presented. In fact, once useful contexts are established, we identify the concepts or notions a nurse will have to use. Then, we select the grammatical, lexical and phonological items normally used to express such.

4. Selection and Organization of Learning Activities

The teacher is no longer the centre of the class. Learning activities have to involve the learner a lot more than in the past. They have to call for a greater participation on the part of the student. A 60-hour program broken down into independent units, will usually be composed of work-related, realistically taped dialogues between a nurse and patient or parent. The participants, who know their tasks well, have to be able to transpose them in their second language. They therefore often suggest what is needed and how they would like it done.

To develop comprehension, global and detailed comprehension exercises are devised. You can either find multiple choice, verification, cloze test. The teacher always explains the vocabulary in context. Role plays and simulations are a big part of the in-class learning process.

Grammatical exercises are also presented in context. We therefore do not rely solely on drills but tend to explain a tense structure and present real-life tense occurrences to get the participant acquainted with language use.

Analyzing the various components of an exchange is also a frequent occurrence especially when paediatric nurses have to interact with young patients and their parents.

Error is tolerated so that a participant will be able to get to the end of his/her presentation or part before the instructor starts correcting his/her speech. Even then, the teacher can choose to be selective and only correct the most blatant mistakes which might hinder communication. Our hope is to avoid inhibiting the participant and to help him/her acquire confidence in his/her second language communicative skills. The participant can also use his/her mother tongue (we assume it is English) in certain types of activities, in the summing up of a situation for instance. The teacher too uses the student's native language if he/she sees an advantage in doing so (clarity of explanations).

Class management does not revolve around a manual to be used page after page. A teacher may wish to draw from other pertinent materials. A greater emphasis is laid on authentic documents even at the initial learning stages. An admission sheet, a medico-social history form will be used as teaching support to help with the various questions a nurse has to ask of a patient or his/her family. The material we use is always easily adaptable and easy to revise.

For our nursing program, we have provided the teacher with a presentation guide and cassettes. The participants use a student's handbook in which he/she finds various types

of exercises and grammatical explanations written out in English so a student who had to miss a class can try and make up for his/her absence, at least in part.

5. Evaluation

We are considering here two kinds of evaluations: student's evaluation by the teacher and course evaluation by the students.

5.1 Student's Evaluation

Regular review is mandatory. The teachers are strongly encouraged to provide their students with review exercises and units whereby the students can check on their degree of assimilation. Individual attention is also recommended. The instructor should pinpoint a student's weaknesses and help him/her along the way inasmuch as the participant is willing to commit the necessary time and energy to overcome hurdles. A progress report is provided to each individual at the end of a session to enable him/her to have a clear idea of his/her strengths. Recommendations for future training are also included thereon.

Overall evaluation of the student is conducted by the Program Coordinator who meets with each individual to assess his/her present skills in the areas of aural comprehension and oral expression. A three-part test is composed of a series of graded general questions on the individual, then a comprehension exercise checks on the level of understanding the testee has of his/her second language in a working situation. Last, a simulation provides the testee with the opportunity of explaining a procedure or a treatment to the examiner-patient in front of him/her.

Some nursing departments allow the evaluation to take place directly on-site provided the parent and patient's consent have been obtained. This provides the Program Coordinator with a real-life evaluation where all the true-to-life ingredients are together. A negative side-effect, however, is the degree of nervousness the student manifests in such an environment.

5.2 Course Evaluation

On the other hand, the course itself is regularly evaluated by the participants. An evaluation survey is distributed three weeks after course start-up (15 hours) to verify the participant's level of satisfaction with class content and management. An Advisory Group on French Language Training composed of one delegate per class meets mid-session (after 30 hours) with the Program Coordinator to discuss problems that may arise. Finally, a questionnaire, which adheres to the various developmental stages of the program is given out at the end of each session. (Distribution of questionnaire - Appendix 2). Its compilation enables the Coordinator to bring any recommended changes in program content or class management.

CONCLUSION

We have been speaking here of a 60-hour nursing program for real beginners, what you might term a survival level of proficiency. Bear in mind that our only purpose is to enable the participant to understand and produce acceptable statements from a linguistic point of view, but also to enable him/her to understand and produce adequate statements given his/her psychological, sociological and cultural situations.

Our participants' level of attendance which averages 90% and degree of satisfaction have encouraged us to continue in the same vein. We have therefore devised a second 60-hour program to further our health care professionals' level of proficiency. We could not agree more with Jupp and Hodlin when they say: "When a language course is designed for an industrial situation or any other specialized purpose, the main aim must be for the students to use the new language effectively outside the classroom". In an article written in 1981, Chambers and McDonough state, for an ESP course: "ESP should be concerned with teaching a programme based on some kind of fairly rigorous analysis of both the purpose for which the language is being used and the language itself". We believe it to be so for French-as-a-second-language training programs as well.

Whether we teach French or English as a second language, I believe the fundamental principles of the design process to be similar. The theory remains valid regardless of the profession taught. Language needs analysis should be considered; the formulation and selection of objectives will differ from one profession to the next though their principle remains the same; so will the selection and organization of content and learning activities.

Evaluation has to take into account the participant, the teacher and the course itself. Response to our experience at curriculum design has been most positive. A New Brunswick hospital has bought our program and the Ontario Ministry of Health awarded us the contract for French-as-a-second-language teaching in designated hospitals throughout the Province. We are now looking forward to expanding our services and feel confident that our learner-centered programs will enable us to efficiently help our participants towards proficiency in their second language.

APPENDIX 1

Appendix 1
NURSES

NEEDS ANALYSIS QUESTIONNAIRE

NAME: _____ TEL.-RES _____
family name first name

DEPARTMENT: _____ -HOSP _____

AGE RANGE: ☐ 15-25 ☐ 25-35 ☐ 35-45 ☐ 45-60 ☐ 60+

LINGUISTIC BACKGROUND

PLACE OF BIRTH: _____
city or town province or country

GREW UP IN: _____ AREA: _____ NO YEARS: ____
city or town

FRENCH SPEAKING AREA ☐ YES ☐ NO

LANGUAGE(s) SPOKEN: age 0 to 10 age 10 to 18

AT HOME: _____ _____

IN SCHOOL: _____ _____

French courses previously taken, if any: _____

_____

Other previous contacts with the French language: _____

_____

LINGUISTIC SELF-EVALUATION

CODE:
RB - Real beginner (No knowledge of language)
B - Beginner (Passive knowledge of language. Can use at least 100 words)
F - Functional (Able to get by in routine situations)
FL - Fluent

LANGUAGE	SPEAKING	LISTENING	READING	WRITING
- ENGLISH				
- FRENCH				
(other) -				
-				
-				

LINGUISTIC WORK SITUATION

	very often	often	some times	rarely	never
At work, you speak French:	☐	☐	☐	☐	☐
- face to face:	☐	☐	☐	☐	☐
- on the phone:	☐	☐	☐	☐	☐
- with patients:	☐	☐	☐	☐	☐
- with parents:	☐	☐	☐	☐	☐

Among the following abilities, ✓ priority for you:

	Most important	Very important	Important	Not so important
Conversation, oral expression	☐	☐	☐	☐
Aural comprehension	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐

LINGUISTIC GOALS

At the end of the course, would you like to be able to

		YES	NO	N/A
- read in French?	- forms	☐	☐	☐
	- letters	☐	☐	☐
	- progress reports	☐	☐	☐
- write in French?	- notes	☐	☐	☐
	- memos	☐	☐	☐
	- letters	☐	☐	☐
	- reports	☐	☐	☐

Generally speaking, in oral expression (conversation), what would you like to be able to do at the end of this course?

Generally speaking, in aural comprehension, what would you like to be able to do at the end of this course?

NEEDS ANALYSIS QUESTIONNAIRE NURSES

Please indicate the order of importance of the situations in which you would like to be able to understand and use French: (1 being most important, 10 being least important. Each number must be used only once.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

In the course of daily activities (outside the Hospital), do you use French? (i.e. family, social events, etc.) Explain briefly.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX 2

FRANCAIS LANGUE SECONDE - QUESTIONNAIRE D'EVALUATION DU COURS

PROFESSEUR: _____ HOPITAL: _____
COURS: _____ SERVICE: _____
LIEU: _____ LIEU DE TRAVAIL: _____

Veuillez cocher (✓) la case appropriée.

		PAS D'ACCORD	D'ACCORD	TOUT A FAIT D'ACCORD
I.	**TESTING INITIAL**			
1.	Les objectifs du test de classement m'ont été clairement expliqués.			
2.	La durée du test de classement était appropriée.			
3.	Les directives concernant le test ont été clairement expliquées.			
4.	J'ai été placé(e) dans un niveau approprié.			
II.	**DIAGNOSTIC DES BESOINS**			
5.	L'analyse de besoins langagiers effectuée (questionnaire) était pertinente.			
6.	Le programme a été adapté aux besoins langagiers identifiés.			
III.	**OBJECTIFS**			
7.	J'ai pris part à la formulation de mes objectifs langagiers.			
8.	Les objectifs du cours ont été clairement communiqués au début du cours.			
9.	Ces objectifs ont été atteints.			
IV.	**CONTENU DU COURS**			
10.	Le contenu du cours se rapporte au champ de travail.			
11.	L'accent placé sur le contenu hospitalier est suffisant.			
12.	Je peux utiliser mes nouvelles connaissances au travail.			
13.	Les cours sont bien structurés.			
14.	L'accent est mis sur la communication plutôt que sur la grammaire.			

FRENCH LANGUAGE TRAINING – COURSE EVALUATION QUESTIONNAIRE

TEACHER: _____ HOSPITAL: _____
COURSE: _____ DEPARTMENT: _____
HELD IN: _____ PLACE OF EMPLOYMENT: _____

Please rate (✓) the following items:

	DISAGREE	AGREE	STRONGLY AGREE
I. INITIAL TESTING			
1. The objectives of the placement test were clearly explained to me.			
2. The duration of the placement test was appropriate.			
3. The directions regarding test completion were clearly explained.			
4. I have been placed in an appropriate level of training.			
II. DIAGNOSTIC OF NEEDS			
5. The language needs analysis (questionnaire) was relevant.			
6. The programme was adapted to meet identified language needs.			
III. OBJECTIVE SETTING			
7. I participated in setting my language training objectives.			
8. Course objectives were clearly communicated when the course started.			
9. I feel these objectives were reached.			
IV. PROGRAMME CONTENT			
10. The content of the classes is occupationally-related.			
11. The emphasis on hospital content is sufficient.			
12. I can apply newly-acquired skills on the job.			
13. Classes are well structured.			
14. The emphasis is on communication rather than grammar.			

FRANCAIS LANGUE SECONDE – QUESTIONNAIRE D'EVALUATION DU COURS

	EN DESACCORD	D'ACCORD	TOUT A FAIT D'ACCORD
V. SELECTION DES ACTIVITES D'APPRENTISSAGE			
15. Le matériel d'apprentissage est approprié au milieu hospitalier.			
16. On me donne l'occasion d'apprendre le français local.			
VI. ORGANISATION DES ACTIVITES D'APPRENTISSAGE			
17. La durée de chaque activité d'apprentissage est adéquate.			
18. J'aurais préféré un plus grand nombre d'activités orientées vers la communication (jeux de rôle, simulations, débats, conversations spontanées).			
19. Le professeur utilise diverses approches dans son enseignement.			
VII. MESURE DU PROGRES			
20. Je peux mesurer mes progrès dans ce cours (par les commentaires du professeur et les rapports de progrès).			
21. Les méthodes d'évaluation (exercices de révision, questionnaires) conviennent bien à la matière.			
VIII. LE PROFESSEUR			
22. Le professeur est toujours à l'heure.			
23. Le professeur est toujours bien préparé.			
24. Le professeur possède une bonne connaissance du fonctionnement d'un hôpital.			
25. Le professeur connaît bien son sujet.			
26. Le professeur peut normalement répondre à mes questions.			
27. Le professeur connaît la terminologie hospitalière.			
28. Le professeur connaît les expressions locales que les patients et leur famille utilisent.			
29. Le professeur sait motiver les apprenants.			
30. Le professeur sait adapter le rythme d'apprentissage à celui de ses apprenants.			

	DISAGREE	AGREE	STRONGLY AGREE
V. SELECTION OF LEARNING ACTIVITIES			
15. The learning material is appropriate for hospital setting.			
16. Opportunities are provided for learning local French.			
VI. ORGANIZATION OF LEARNING ACTIVITIES			
17. The time spent on each learning activity is adequate.			
18. I would have preferred more communication-oriented activities (role plays, simulations, debates, informal conversations).			
19. A variety of learning approaches are used.			
VII. MEASURE OF PROGRESS			
20. I can measure my progress in this course (through comments on the part of the teacher and progress reports).			
21. The evaluation methods (review exercises, questionnaires) are appropriate for the material taught.			
VIII. THE TEACHER			
22. The teacher is always on time for classes.			
23. The teacher is always well prepared.			
24. The teacher has a good knowledge of the functioning of a hospital.			
25. The teacher has a good grasp of the subject he/she teaches.			
26. The teacher can usually answer my questions.			
27. The teacher is familiar with hospital terminology.			
28. The teacher is familiar with the local expressions used by patients and their families.			
29. The teacher can motivate students.			
30. The teacher can adjust the rate of learning to meet student preferences.			

FRANCAIS LANGUE SECONDE - QUESTIONNAIRE D'EVALUATION DU COURS

IX. ADMINISTRATION	OUI	NON
31. Le nombre d'apprenants dans ma classe est approprié.		
32. Les apprenants de ma classe partagent des besoins langagiers en langue seconde semblables à mes besoins professionnels.		
33. Les cours devraient regrouper les professionnels qui ont les mêmes besoins langagiers.		

X. EVALUATION GLOBALE	OUI	NON
34. Ce cours a amélioré ma connaissance de la langue française.		
35. J'ai plus de confiance maintenant pour utiliser le français avec mes patients.		
36. Ce cours a accru mon intérêt envers l'apprentissage du français.		
37. Je suis globalement satisfait(e) des habiletés acquises.		
38. J'ai déjà suivi d'autres cours de français.		
39. Je trouve que ce cours est supérieur à ceux que j'ai suivis précédemment.		
40. J'aimerais continuer ce type de cours lors de la prochaine session.		

AUTRE:

_____

_____

POINTS FORTS:

_____

_____

POINTS FAIBLES:

_____

_____

SUGGESTIONS:

_____

_____

Merci de votre coopération!

Révisé en mars 1987

IX. ADMINISTRATION	YES	NO
31. The number of students in my class is appropriate.		
32. Students in my class share similar occupationally-related second language training needs.		
33. Classes should regroup professionals from similar occupational needs.		

X. OVERALL EVALUATION	YES	NO
34. This course has improved my knowledge of the French language.		
35. I feel more confident now about using French with patients.		
36. This course has increased my interest in learning French.		
37. I am generally satisfied with the skills acquired in this course.		
38. I have attended other French language training programmes.		
39. I feel this course is superior to others I have taken.		
40. I would like to continue with this type of course during the next session.		

OTHER: _____

_____

_____

STRONG POINTS: _____

_____

WEAK POINTS: _____

_____

_____

SUGGESTIONS: _____

_____

Thank you for your cooperation!

Revised March 1987

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